

Maintenance Medication Guide

Effective January 1, 2012

You can make the most of your pharmacy benefit plan and control your prescription medication costs by using this Maintenance Medication Guide. Be sure to share this list with your doctor to select cost-effective medications that are clinically appropriate to treat your condition or maintain your health.

This Maintenance Medication Guide was developed by Catalyst Rx, your plan sponsor's pharmacy benefit manager, under the direction of a committee of doctors and pharmacists. All medications on this list are preferred by your plan.

Understanding Your Tiered Copays

Your pharmacy benefit plan has three tiers of medications that determine your costs (copays):

1st tier: Generics. Generics contain the same active ingredient as their brand-name equivalents and offer the same effectiveness and safety. Some generics use a brand name instead of a chemical name. Both have the lowest copay.

2nd tier: Preferred. Medications in this tier have been selected by your pharmacy benefit plan as preferred-brand medications. They have higher copays than generics but are less costly than nonpreferred medications on the third tier.

3rd tier: Nonpreferred. Because a generic version or a second-tier alternative is available, nonpreferred medications have higher copays and are not listed.

The generic and preferred maintenance medications are listed alphabetically. Preferred-brand medications appear in UPPERCASE letters; generic medications appear in lowercase letters, and brand-name generic medications appear with the first letter Uppercase. Some medications treat more than one condition. Have your doctor consult this list for the lowest-cost brand-name and generic medications available for your therapy.

All medications on this list have been approved by the FDA.

Additional Information

Not all maintenance medications are listed.

Medication coverage and copays may vary from plan to plan. For more information specific to your plan, register on WalgreensHealth.com. For assistance, please call the Catalyst Rx Member Services Department toll free at 800-207-2568.

Please note: The Maintenance Medication Guide is subject to change without notice.

All oral cancer and immunosuppressant medications; HIV medications; and generic prenatal vitamins are on the PML, if the medication is FDA approved.

—A—

acarbose

ACCU-CHEK Test Strips and Meters [Active, Advantage, Aviva, Comfort Curve, Compact, Instant]

acebutolol

acetazolamide

ACTOPLUS MET

ACTOPLUS MET XR

ACTOS

acyclovir

ADVAIR

ADVICOR

Afeditab CR

AGGRENOX

albuterol

alendronate

alfuzosin

allopurinol

ALPHAGAN P 0.1%

amantadine

amiloride

amiloride/hctz

amiodarone

AMITIZA

amitriptyline

amlodipine

amlodipine/benazepril

amphetamine salts

AMTURNIDE

anagrelide

ANDRODERM

ANDROGEL

APIDRA

APIDRA SOLOSTAR

Aprí

ARICEPT 23MG TABLET

ASACOL
ASMANEX
ASTEPRO
ATELVIA
atenolol
atenolol/chlorthalidone
atropine 1% ophthalmic
ATROVENT HFA
Aviane
AVODART
azathioprine
azelastine
AZILECT
AZOPT
AZOR

—B—

baclofen
benazepril
benazepril/hctz
BENICAR
BENICAR HCT
benztropine
bethanechol
BETIMOL
bisoprolol
bisoprolol/hctz
BONIVA TABLET
brimonidine tartrate
bromocriptine
budesonide suspension
bumetanide
bupropion
bupropion ER
buspirone
BYETTA
BYSTOLIC

—C—

cabergoline
CADUET
calcitonin/salmon
calcium acetate capsule
Camila
CANASA

captopril
captopril/hctz
carbamazepine
carbamazepine ER
CARBATROL
carbidopa/levodopa
Cartia XT
carvedilol
CELEBREX
CELLCEPT
chlorthalidone
cholestyramine
cilostazol
cimetidine
citalopram
CLIMARA PRO
clonazepam
clonidine
clorazepate
clozapine
colchicine
COLCRYS
COMBIPATCH
COMBIVENT
COMTAN
COREG CR
COUMADIN
CREON
CRESTOR
cromolyn nebulized solution
Cryselle
CYMBALTA
CYTOMEL

—D—

DAYTRANA
DEPAKOTE
DEPAKOTE ER
desipramine
desmopressin
DETROL
DETROL LA
dextroamphetamine/
amphetamine
diclofenac
diflunisal

digoxin
DILANTIN
Dilt XR
diltiazem
diltiazem ER
DIOVAN
DIOVAN HCT
dipyridamole
divalproex
divalproex ER
donepezil
dorzolamide
dorzolamide/timolol
doxazosin
doxepin
DUETACT
DULERA

—E—

EDARBI
EFFIENT
ENABLEX
enalapril
enalapril/hctz
ENJUVIA
Enpresse
Enulose
eplerenone
Erin
ESTRACE CREAM
ESTRADERM
estradiol patch
estradiol tablet
ESTRING
estropipate
etodolac
EVISTA
EVOXAC
EXELON PATCHES
EXFORGE
EXFORGE HCT

—F—

famotidine
felodipine ER
FEMRING

Generic medications—listed in all lowercase letters or beginning with an Uppercase letter—are on tier 1. Asterisk (*) = This drug will remain preferred and process at a generic copay.

fenofibrate	—I—	levothyroxine sodium	metoprolol ER
finasteride		LEVOXYL	metoprolol/hctz
FLOVENT		LEXAPRO	MICARDIS
fludrocortisone		LIALDA	MICARDIS HCT
flunisolide		LIFESCAN Test Strips and	Microgestin
fluoxetine		Meters [Basic, FastTake,	Microgestin Fe
flurbiprofen		SureStep, Ultra, Ultra 2,	MIRAPEX ER
fluticasone		Ultra Smart, Ultramini]	mirtazapine
fluvoxamine		liothyronine	misoprostol
FORADIL		LIPITOR*	moexipril
FOSAMAX PLUS D		LIPOFEN	moexipril/hctz
fosinopril		lisinopril	MULTAQ
fosinopril/hctz		lisinopril/hctz	
FOSRENOL		lithium carbonate	—N—
furosemide		lithium carbonate ER	
		LITHOBID	nabumetone
—G—		losartan	nadolol
gabapentin		losartan/hctz	NAMENDA
GABITRIL		LOTREL 5/40	NASONEX
galantamine		LOTREL 10/40	nateglinide
galantamine ER		lovastatin	Necon
gemfibrozil		LOVAZA	nefazodone
GEODON		Low-Ogestrel	NIASPIN
Gianvi		LUMIGAN	Nifediac CC
glimepiride		Lutera	Nifedical XL
glipizide		LYRICA	nifedipine ER
glipizide ER			nisoldipine ER
glipizide/metformin			nitroglycerin
glyburide		—M—	Nitroquick
glyburide/metformin		MAXAIR AUTOHALER	nizatidine
glyburide micronized		medroxyprogesterone	Nora-BE
guanfacine		mefloquine	norethindrone
		meloxicam	Nortrel
—H—		MENEST	Nortrel 7/7/7
haloperidol		mesalamine	nortriptyline
HUMALOG		metaxalone	NOVOFINE
HUMALOG MIX 50/50		metformin	NOVOLIN 70/30
HUMALOG MIX 75/25		metformin ER	NOVOLIN N
HUMULIN 70/30		methimazole	NOVOLIN R
HUMULIN N		methotrexate	NOVOLOG
HUMULIN R		methyldopa	NOVOLOG MIX 70/30
hydralazine		Methylin ER	NUVARING
hydrochlorothiazide		Methylin Tablet	
hydrocortisone		methylphenidate	—O—
hydroxychloroquine		methylphenidate ER	
		metolazone	Ocella
		metoprolol	

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Ogestrel olanzapine ONGLYZA oxaprozin oxazepam oxcarbazepine oxybutynin oxybutynin ER	—Q—	SYMBYAX SYMLIN SYNTHROID	—V—		
	quinapril quinapril/hctz QVAR		—T—		
	—R—	tamsulosin Taztia XT TEGRETOL TEGRETOL XR TEKAMLO TEKTURNA TEKTURNA-HCT terazosin TESTIM theophylline anhydrous THYROLAR ticlopidine Tilia FE timolol maleate tizanidine topiramate torsemide TOVIAZ TRACLEER trandolapril trandolapril/verapamil trazodone triamterene/hctz triazolam TRIBENZOR trihexyphenidyl Tri-Legest FE TRILEPTAL Tri-Lo-Sprintec TriNessa Tri-Sprintec Trivora-28 TWYNSTA			
—P—			—W—		
Pacerone paroxetine paroxetine CR PENTASA pentoxifylline ER PERFOROMIST phenobarbital PHENYTEK phenytoin ER pilocarpine eye drops pindolol piroxicam PLAVIX Portia potassium chloride ER potassium citrate ER PRADAXA pramipexole PRANDIN pravastatin PREMARIN PREMPHASE PREMPRO primidone PRISTIQ PROAIR HFA probenecid PROMETRIUM propranolol propranolol LA propylthiouracil PULMICORT FLEXHALER pyridostigmine	ramipril RANEXA ranitidine tablet RENAGEL RENVELA RESTASIS RHINOCORT AQUA rivastigmine risperidone ropinirole		warfarin WELCHOL	—X—	
	—S—	SANCTURA XR selegiline SENSIPAR SEREVENT DISKUS SEROQUEL SEROQUEL XR sertraline SIMCOR simvastatin SINGULAIR SOFTCLIX LANCETS SOFT TOUCH LANCETS sotalol SPIRIVA spironolactone spironolactone/hctz Sprintec 28 STALEVO STRATTERA sucralfate sulfacetamide ophthalmic sulfamethoxazole/ trimethoprim sulfasalazine sulindac SYMBICORT		XOPENEX HFA XOPENEX SOLUTION	—Z—
				Zarah ZETIA zolpidem ER zonisamide Zovia	
	—U—				
		ULTRASE ULTRASE MT ursodiol			

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Drug names are the property of their respective owners. Asterisk (*) = This drug will remain preferred and process at a generic copay.